



Town of Lexington
Planning Department

1625 Massachusetts Avenue
Lexington, MA 02420

Tel: (781) 862-0500 x245
Fax: (781) 861-2748

FORM B

GENERAL APPLICATION FOR APPROVAL OF A PLAN FOR DEVELOPMENT

To the Planning Board:

(date)

NAME OF PROJECT _____

A. TYPE OF PLAN

The undersigned requests approval of the accompanying plan for the development of land in Lexington. The accompanying plan is a:

___ sketch ___ preliminary ___ definitive ___ extension
___ resubmittal ___ revision ___ amendment ___ rescission
for a ___ residential, or ___ non-residential development.

This application requests: (Check as many boxes as are applicable)

1. Approval of a subdivision plan under section _____ of the Subdivision Regulations;
2. Granting of a special permit with site plan review (SPS) for a planned residential development (three or more dwelling units) under section(s) _____ of the Zoning By-Law;
3. Granting of a special permit under section(s) _____ of the Zoning By-Law to:
4. Approval of a street construction plan for an unaccepted street under section _____ of the Development Regulations;
5. Determination of the adequacy of the grade and construction plan of an unaccepted street under section _____ of the Development Regulations;
6. Petition for rezoning land including a preliminary site development and use plan for an _____ RD, Planned Residential Development, an _____ CD, Planned Commercial Development, under section _____ of the Zoning By-Law.

Received by Planning Board:

Space for Town Clerk

B. DESCRIPTION OF LAND

The land to be developed is located and described:

#s*_____Street: _____

*If street numbers have not yet been issued yet, use approximate street numbers.

Town of Lexington Assessors Map #_____ Lot(s)#_____
and Map #_____Lot(s)#_____

C. APPLICANT AND OWNER INFORMATION

Note: The Development Regulations permit a person other than the owner to file an application, with the written permission of the owner, and if the applicant states the nature of his/her interest.

Applicant's Name: _____Is applicant owner? ___ Yes, ___ No

Signature of Applicant:_____

Applicant's Business address:_____

Applicant's Phone #: () _____Applicant's FAX #_____

If the applicant is not the owner what is the nature of his/her interest in the land?

Note: The Planning Department requires that one person act as coordinator/contact person for an application. That person is assumed to be the applicant unless a member of the development team is designated.

Note: The owners of all land affected by this development must sign this application.

SIGNATURES OF OWNERS

Owner of Existing Lot(s) #

Owner of Existing Lot(s) #

Signature of Owners

Signature of Owners

Name of Owners

Name of Owners

Owner of Existing Lot(s) #

Owner of Existing Lot(s) #

Signature of Owners

Signature of Owners

Name of Owners

Name of Owners

D. CALCULATION OF FEE (See §175-12D(7))

Type of Application or Action:	Number of Lots	Rate per Lot	Sub Total	Fixed Rate	Total
Filing Fee:		*	=	+	=
Creditable Prior Payment					
Total Filing Fee due with application					

Type of Application or Action:	Number of Lots	Rate per Lot	Sub Total	Fixed Rate	Total
Review Fee:		*	=	+	=
Creditable Prior Payment					
Total Review Fee due with application					

Note: A separate fee is required for **filing** an application and for the **review** of the application. Payment for each fee shall be by a **separate** check payable to the Town of Lexington or by cash.

E. DEVELOPMENT TEAM

	Landscape Architect	Civil Engineer	Land Surveyor	Attorney
Name				
Mass. Registration #				n/a
Name of Firm				
Mailing Address				
Telephone #				
FAX #				
<i>(If applicant is not coordinator/contact person, designate one person for that role)</i>				